

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BZ	897	04-19-01
RESPONSE FORMALITY REVIEW	SLC	809	6-15-01

84801

INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral)... Canceled  
÷ ..... Restricted

N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim		Date	
Final	Original		
1	3/29/01		
2	11/9/03		
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Claim		Date	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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